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<b>SERIAL NUMBER</b> 10/665,248	<b>FILING DATE</b> 09/19/2003  <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1633	<b>ATTORNEY DOCKET NO.</b> D5806D
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**APPLICANTS**

Lindsay Schwarz, Conroe, TX;  
Vernon Knight, Houston, TX;  
Jennifer Johnson, The Wodlands, TX;

**\*\* CONTINUING DATA \*\*\*\*\***  
This application is a DIV of 08/709,554 09/06/1996 PAT 6,656,916  
which claims benefit of 60/003,418 09/08/1995 *MS*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **\*\* SMALL ENTITY \*\***  
**\*\* 11/26/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> <i>[Initials]</i>	STATE OR COUNTRY TX	SHEETS DRAWING 12	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 2
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**ADDRESS**  
52034  
FULBRIGHT & JAWORSKI, L.L.P.  
600 CONGRESS AVENUE  
SUITE 2400  
AUSTIN, TX  
78701

**TITLE**  
Glucocorticoid enhancement of gene expression

<b>FILING FEE</b>  <b>RECEIVED</b> 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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